



WINNER CLAIM FORM

PLAYER INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL
 MAILING ADDRESS
 CITY STATE ZIP CODE
 BIRTH DATE (MM-DD-YY) SOCIAL SECURITY
 I DO NOT HAVE A SOCIAL SECURITY NUMBER (CHECK THIS BOX ONLY IF YOU DO NOT HAVE A SSN)
 CHECK THIS BOX ONLY IF YOU ARE NOT A US CITIZEN AND YOU ARE NOT A RESIDENT ALIEN* DAYTIME PHONE NUMBER
 AREA CODE
 ARE YOU A LOTTERY RETAILER? Yes No ARE YOU EMPLOYED BY A LOTTERY RETAILER? Yes No ARE YOU RELATED TO A LOTTERY RETAILER? Yes No

PRIZE INFORMATION

PRIZE NAME _____ DRAWING NAME **Jackpot Captain Free Play Giveaway**
 TICKET ID/ ENTRY CODE _____ DRAWING ID (IF APPLICABLE) _____

PROVIDING THE FOLLOWING INFORMATION IS VOLUNTARY

WHICH OF THE FOLLOWING DO YOU CONSIDER YOURSELF TO BE

AFRICAN AMERICAN
 ASIAN
 HISPANIC
 WHITE
 OTHER (specify)

HOUSEHOLD INCOME (CHECK ONE)

UNDER \$20,000
 \$20,000 TO \$35,000
 \$35,000 TO \$50,000
 \$50,000 TO \$75,000
 OVER \$75,000
 Number of people in household

EDUCATION (CHECK ONE)

DID NOT FINISH HIGH SCHOOL
 HIGH SCHOOL GRAD OR GED
 SOME COLLEGE
 GRADUATED COLLEGE

SEX (CHECK ONE)

MALE
 FEMALE

OCCUPATION (CHECK ALL THAT APPLY)

STUDENT
 EMPLOYED
 UNEMPLOYED
 RETIRED

I declare under penalty of perjury and the laws of the state of California included but not limited to California Penal Code sections 118 and 72, that I am the rightful owner of the winning ticket referenced on this form from the California State Lottery, that I am 18 years of age or older and that all information provided is true and correct. I understand that any person who, with intent to defraud, falsely makes, alters, forges or counterfeits a Lottery ticket is in violation of State law and could be liable for criminal penalties.

WINNER'S SIGNATURE ^(ONLY ONE SIGNATURE IS PERMITTED) _____ DATE _____

| FOR DISTRICT OFFICE USE ONLY | | | | FOR HEADQUARTERS USE ONLY | | |
|------------------------------|-------------------|-----------------|----------------|---------------------------|---------|-------|
| CLAIMANT ID. CODE | DIST. OFFICE CODE | DATE RECEIVED | POST MARK DATE | CODE(S) | | |
| | | | | REASON | | |
| | | | | RELEASED | | |
| DRAW DATE | INITIALS | CONTROL NUMBER: | | CRN | INITIAL | FINAL |
| | | | | | | |

PLEASE READ ALL INFORMATION AND INSTRUCTIONS BEFORE RETURNING CLAIM FORM

Failure to provide your social security number, date of birth, name and complete address (including apartment or space number), city, state, zip code and phone number may delay or prevent the Lottery from processing our prize claim or result in additional federal taxes being withheld from your prize. Lottery prizes are not subject to California state tax.

If you are not a US citizen or resident alien, the Lottery is required by federal tax law to withhold additional taxes from your prize. The Lottery is required to withhold federal taxes of 25% for U.S. citizens and resident aliens providing a social security number, and 28% for U.S. citizens and resident aliens not providing a social security number. Claimants who do not mark the citizenship status will have 30% withheld from all prizes. Federal tax rates are subject to change.

BE SURE TO KEEP A COPY OF THIS FORM

MAIL THIS CLAIM FORM TO:

California Lottery
Attn: Jackpot Captain Free Play Giveaway
P.O. Box 1317
Sacramento, CA. 95812-1317

PRIZE PAYMENT INFORMATION

Claims submitted to Lottery headquarters for processing are paid by check from the California State Controller's Office. If you do not receive your prize within six weeks, you may contact the Lottery at 1-800-LOTTERY (568-8379). Monday through Friday, 8:00 am to 5:00 pm.

The Lottery may make individual prize payments to claimants sharing prizes of \$1,000,000 or more if the Multiple Ownership Claim Form is completed and there are less than 100 claimants for the prize. You may request a Multiple Ownership Claim Form by calling 1-800-LOTTERY (568-8379) or by visiting any Lottery District Office.

PRIVACY NOTICE

The Information Practices Act of 19778 (Civil Code section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

The Player Information requested on this form will be used to validate and process your claim in accordance with the California State Lottery Act of 1984 (Gov't Code 8880 et seq.). The Lottery requires a claimant's social security or tax identification number for tax withholding and reporting purposes, pursuant to Internal Revenue Code sections 6011, 6041, 6109, 3402 and the regulations enacted thereunder.

The Player Information you provide may be disclosed to various state and federal government agencies, including but not limited to: the State Controller's Office, Franchise Tax Board, Health and Welfare Agency and the Internal Revenue Service.

The voluntary information that you provide regarding your ethnicity, household income, education, sex, and occupation will be used solely by the Lottery to conduct internal demographic studies on who plays the Lottery games and it will not be disclosed to any state or federal governmental agency or members of the public.

You have the right to access your personal information maintained by the Lottery by contacting the California Lottery, 630 North 10th Street, Sacramento, CA 95811-00300 – Attention: Information Practices Act Coordinator.

Tickets, transactions, purchases, claims and prize payments are subject to federal and state law and California Lottery regulations, policies and procedures. Copies of regulations are available at Lottery District Offices and on our website at www.calottery.com. Tickets failing validation are void.